

ALABAMA BOARD OF FUNERAL SERVICE
ESTABLISHMENT RENEWAL APPLICATION

Mail to: P.O. Box 309522
Montgomery, AL 36130

ESTABLISHMENT NAME: _____ PHONE No.: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

Application is hereby submitted for renewal of license as funeral establishment operator under the provision of Section 34-13-53, Code of Alabama, 1975, for the **fiscal year ending September 30, 20__**. The annual renewal fee of **\$250.00** is included. Any renewal application submitted after October 1st shall include a **\$50.00** penalty fee.

MANAGING FUNERAL DIRECTOR:

_____	_____	_____
Name	Address	License#

MANAGING EMBALMER:

_____	_____	_____
Name	Address	License#

Does this establishment sell pre-need funerals? ☐ YES ☐ NO

If yes, provide your Certificate of Authority License No.: _____

TYPE OF OWNERSHIP: Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____

****If Proprietorship or Partnership, list name(s) of owner(s). If Corporation or LLC, list corporate name, officers, and titles of those officers. (If additional space is needed, please provide information on an enclosed sheet.)**

I understand that any false information will subject my license to suspension or revocation.

_____	_____
SIGNATURE	SSN#

RELATIONSHIP TO ESTABLISHMENT

Sworn and subscribed before me, a Notary Public in State of Alabama on this _____ day of _____, 20__.

Seal

Notary

My Commission Expires: _____